FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1 (See instructions)												
			Office use only									
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyir the lines	ng, type	12	E4M	5	ı			
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3. FEC IDENTIFIC	ATION NUMBER		C C00	370908								
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMENI	DED (A)							
I certify that I have exar	nined this Statement and	-			ue, correct a	and comp	olete					
Type or Print Name o	f Treasurer	/Is Margaret L W	/orkmar	<u> </u>								
Signature of Treasure	er Electronically File	d by <b>Ms Marga</b>	ret L Wo	orkman		Date	М <b>О</b>	<b>4</b> /	09	/ Y	ž (	) 0 7 T
NOTE: Submission of f	alse, erroneous, or incon	nplete information mag			· ·		•		of 2 U.S.(	C. S437	<b>)</b> .	
Office Use Only				For further if Federal Electron Toll Free 800 Local 202-69	tion Commi: )-424-9530		t:		FEC (Revise	FORI		